

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 8 June 64
2. NAME (Last, First, Middle) JOANNIDES, George	3. POSITION TITLE Ops Off	4. GRADE GS-14
5. OFFICE, DIVISION, BRANCH DDP/EE		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
☐ PRE-EMPLOYMENT ☐ ENTRANCE ON DUTY ☐ TDY STANDBY ☐ SPECIAL TRAINING ☐ ANNUAL ☐ RETURN TO DUTY ☐ FITNESS FOR DUTY ☐ MEDICAL RETIREMENT	☐ HDQS/TDY ☒ OVERSEAS ASSIGNMENT ETD 25 June 64 STATION Athens, Greece TDY OR PCS PCS TYPE OF COVER DAC NO. OF DEPENDENTS TO ACCOMPANY 5 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 5 ☐ RETURN FROM OVERSEAS ETA STATION NO. OF DEP.'S	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
☐ YES ☐ NO		SIGNATURE <i>Suzan R. Bollinger</i> Suzan R. Bollinger ROOM NO. & BUILDING 4 D 46 EXT. 6551/6485

10. COMMENTS	
Subject completed form 89 when he took a physical on 4-5 June 64. QUALIFIED FOR PROPOSED PCS	
11. REPORT OF EVALUATION	
JOSEPH BOKOUSKY	
DATE 16 19 64	SIGNATURE FOR CHIEF OF MEDICAL STAFF

FORM 10-59 259 USE PREVIOUS EDITIONS.

SECRET

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